



PTO/SB/22 (08-03)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)

29915/6177PCP

RECEIVED

In re Application of Mark E. Gurney, et al.

Application Number

09/806,194

Filed

September 17, 2003

For: ALZHEIMER'S DISEASE SECRETASE

Art Unit

1647

Examiner

C. Nicholas

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | |
|---|----|----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ | 1,970.00 |

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$

- ☒ A check in the amount of the fee is enclosed.

- ☐ Payment by credit card. Form PTO-2038 is attached.

- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 48,484

September 4, 2003

Date

(312) 474-6631

Telephone Number

Signature

Sharon M. Sintich

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 4, 2003

Signature:

(Sharon M. Sintich)